

ORIGINAL

CIVIL RIGHTS COMPLAINT
42 U.S.C. § 1983

FILED
IN CLERK'S OFFICE
U.S. DISTRICT COURT E.D.N.Y.

★ NOV 26 2008 ★

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

BROOKLYN OFFICE

-----x
DAVID SAN INOCENCIO
Full name of plaintiff/prisoner ID#

CV 08-4898

Plaintiff,

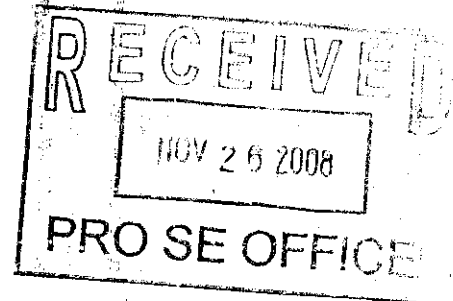
JURY TRIAL DEMAND
YES ☒ NO ☐

-against-
Samuel Arroyo
JOHN DOE

DEARIE, J.

Enter full names of defendants
[Make sure those listed above are
identical to those listed in Part III.]

Defendants.
-----x



I. Previous Lawsuits:

BLOOM, M.J.

- A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment? Yes () No (☒)
- B. If your answer to A is yes, describe each lawsuit in the space below (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

1. Parties to this previous lawsuit:

Plaintiffs: _____

Defendants: _____

2. Court (if federal court, name the district;
if state court, name the county)

3. Docket Number: _____

4. Name of the Judge to whom case was assigned: _____

5. Disposition: (for example: Was the case dismissed? Was it appealed? Is it still pending?) _____

6. Approximate date of filing lawsuit: _____

7. Approximate date of disposition: _____

II. Place of Present Confinement: _____

A. Is there a prisoner grievance procedure in this institution? Yes () No (☒)

B. Did you present the facts relating to your complaint in the prisoner grievance procedure? Yes () No (☒)

C. If your answer is YES,

1. What steps did you take? _____

2. What was the result? _____

D. If your answer is NO, explain why not _____

E. If there is no prison grievance procedure in the institution, did you complain to prison authorities? Yes () No (☒)

F. If your answer is YES,

1. What steps did you take? _____

2. What was the result? _____

III. Parties:

(In item A below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of plaintiff DAVID SAN INOCENCIO #141-0808642

Address 18-18 HAZEN STREET EAST ELMHURST
QUEENS N.Y. 11370

(In item B below, place the full name and address of each defendant)

B. List all defendants' names and the addresses at which each defendant may be served. Plaintiff must provide the address for each defendant named.

Defendant No. 1

JAMES ARROYO (cop)
94 PCT BROOKLYN

Defendant No. 2

JOHN DOE (Police officer)
94 PCT BROOKLYN
HIS PARTNER

Defendant No. 3

Defendant No. 4

Defendant No. 5

police didn't Arrest The 3
dudes Who attacked Me and
Robbed Me of My Cell Phone, Wallet
with I.D.s and \$313.⁰⁰ Dollars and
one 24 K Gold Neckless, instead
they Arrested Me! for Robbery,
The 3 individuals fracture My
Right Eye ~~For~~ in Two places And
Also My Nose.

When The Police Spoke with
the 3 individuals they told the
detective that they beat Me up
because I Robbed Some One.
detectives then let the 3 guys
go with out no further Action!
I ~~acted~~ asked the detectives
I Wanted To Press Charges
And they Said I Couldn't, I had
To Wait till I Was out of
Jail! I ~~then~~ Went to Bellevue
Hospital and Received Medical
Treatment; Medical Records at

See ATTACH PAPERS

IV. Statement of Claim:

(State briefly and concisely, the facts of your case. Include the date(s) of the event(s) alleged as well as the location where the events occurred. Include the names of each defendant and state how each person named was involved in the event you are claiming violated your rights. You need not give any legal arguments or cite to cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. You may use additional 8 ½ by 11 sheets of paper as necessary.)

IV. A If you are claiming injuries as a result of the events you are complaining about, describe your injuries and state what medical treatment you required. Was medical treatment received?

Fracture Right Eye in Two Places
And Nose, Medical Records at
Bellevue Hospital.

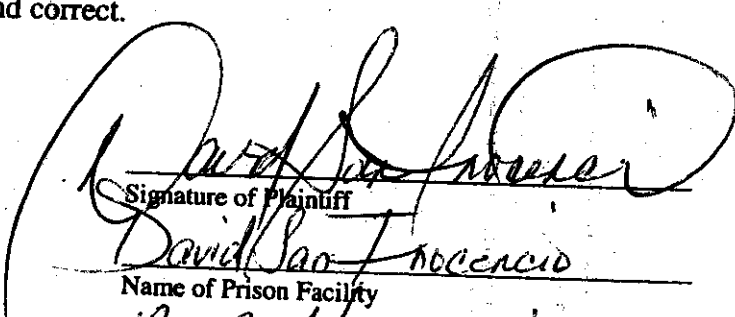
V. Relief:

State what relief you are seeking if you prevail on your complaint.

MONTERY DAMAGES + PUNITIVE DAMAGES
FOR PAIN + SUFFERING AND VIOLATION
OF MY CONSTITUTIONAL RIGHTS IN
THE AMOUNT (TEN MILLION DOLLARS)

I declare under penalty of perjury that on 11/21/08, I delivered this
(Date)
complaint to prison authorities to be mailed to the United States District Court for the Eastern
District of New York.

Signed this 21 day of NOVEMBER, 2008. I declare under penalty of
perjury that the foregoing is true and correct.


Signature of Plaintiff

David San Francisco
Name of Prison Facility

18-18 72nd St.

East Elmhurst, Queens

New York, 11370

Address

141-0808642

Prisoner ID#